

2020-14-C and 2015-94-C

July 30, 2020

Jocelyn Boyd
Executive Director
South Carolina Public Service Commission
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Re: American Broadband and Telecommunications Company Annual ETC

Compliance Report: Docket No. 2015-94-C

Dear Ms. Boyd:

American Broadband and Telecommunications Company ("American Broadband") has been designated by the South Carolina Public Service Commission ("Commission") as an Eligible Telecommunications Carrier for provision of wireless Lifeline services. American Broadband, through its counsel, hereby submits, pursuant to R. 103-690.1, its Annual Report for Designated Eligible Telecommunications Carriers with respect to Lifeline services in South Carolina. A copy of this Report has also been submitted to the Office of Regulatory Staff.

R. 103-690.1(b)(3). Unfulfilled Service Requests.

RESPONSE: American Broadband had 0 unfulfilled service requests in South Carolina in 2019.

R. 103-690.1(b)(4). Complaints or Trouble Reports per 1000 Handsets or Access Lines.

RESPONSE: American Broadband received 0 complaints and 0 trouble reports in 2019.

RECEIVED

JUL 3 1 2020

MAYL / DMS

Application of Application of American Broadband and Telecommunications Company for Designation as an Eligible Telecommunications Carrier for the Purpose of Offering Lifeline Service on a Wireless Basis, Docket No. 2015-94-C, Order Designating American Broadband and Telecommunications Company as an Eligible Telecommunications Carrier for the Provision of Lifeline Service, Order No. 2015-648 (June 30, 2015).

R. 103-690.1(b)(5). Compliance with Applicable Service Quality Standards and Consumer Protection Rules.

RESPONSE: American Broadband hereby certifies that it complies with applicable service quality standards and consumer protection rules, as designated by the Commission.

R. 103-690(b)(6). Ability to Function in Emergency Situations.

RESPONSE: American Broadband's Lifeline services remain functional in emergency situations. American Broadband utilizes the extensive and well-established Sprint and T-Mobile networks and facilities to provide American Broadband's mobile services. The Sprint and T-Mobile networks are capable of managing traffic spikes that may occur during emergency situations and can reroute traffic in the event of damaged facilities. American Broadband also understands that each carrier has sufficient back-up power to ensure functionality if its external power supply is unavailable. Indeed, both companies have repeatedly certified to the FCC that their networks function in emergency situations. Sprint and T-Mobile provide the same functionality to American Broadband and American Broadband's customers as these carriers provide to themselves and their own customers.

R. 103-690(b)(7). Non-Incumbent LEC Local Usage Plans.

RESPONSE: This section does not apply to American Broadband because American Broadband is a wireless ETC.

R. 103-690(b)(8). Equal Access to Long Distance Carriers.

RESPONSE: American Broadband hereby acknowledges that the Federal Communications Commission may require it to provide equal access to long distance carriers in the event that no other eligible telecommunications carrier is providing equal access within the service area.

R. 103-690(b)(9). Number of Lifeline Customers.

RESPONSE: As of December 31, 2019, American Broadband provided wireless Lifeline service to 125 customers in South Carolina.

R. 103-690(b)(10). Lifeline Verification Survey or Certification.

RESPONSE: American Broadband attaches hereto a copy of its Lifeline Verification Survey (FCC Form 481) that was provided to the Universal Service Administrative Company in January 2020.

Finally, American Broadband hereby certifies that it complies with CTlA's Code for Wireless Service.

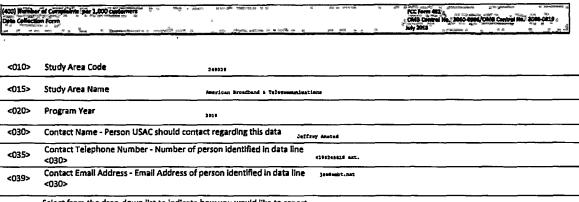
Please contact the undersigned at (419) 824-5810 if you have any questions.

Respectfully submitted,

Jeffrey S. Ansted, President

CC For	m 481 - Carrier Annual Reporting	ECT FORM 481 COME CONTROL NO. 3060-0819 COME CONTROL NO. 3080-0886/ON/S CONTROL NO. 3060-0819 Add 2 5 5 5 8 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<010>	Study Area Code	249029
<015>	Study Area Name	American Broadband & Telecommunications
<020>	Program Year	2019
<030>	Contact Name: Person USAC should contact with questions about this data	Jeffrey Ansted
<035>	Contact Telephone Number: Number of the person Identified in data line <030>	4198245810 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	jsa@ambt.net
	Form Type	54.422

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<010>	Study Area Co	urte				249029						
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<030>			should contac	t regarding this	e rista	Jeffrey Ans	ted					
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<210>	For the prior	r calendar yea	ir, were there	any reportal	ble voic e serv	ice outages?						
<220>	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d>></d>	<e></e>	4 >	ds>	<h>></h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
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Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.

<410> Complaints per 1000 customers for fixed voice

<420> Complaints per 1000 customers for mobile voice

Paga 4

	planes With Service Quality Secretaria and Consumer Protection Rules action Forms	SC (Seri 493. ONE Commit No. 2000-088/CARS Centrel No. 7050-9818
410	Study Area Code	249029
حوره	Study Area Name	American Broadband & Telecommunications
€020>	Program Year	2019
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<035>	Contact Telephone Number - Number of person identified in date line <030>	4196245810 ext.
<035>	Cantact Ernall Address - Email Address of person identified in data line <030>	jeafambt.net

(600) F Data Co	unctionality in Emergency Structions, Macden form	PCC Form ARX. ONB CARTIENTO-SOGO-0985/ONB Control No.) 2004-0819 Sept 2015.
<010>	Study Area Code	245025
<015>	Study Area Name	A-crisum Broadband & Telecommunications
<020>	Program Year	7019
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Amered
<035>	Contact Telephone Number - Number of person identified in data line <030>	6198745810 eat.
<039>	Contact Email Address - Email Address of person identified in data line <030>	justant net
600>	Certify compliance regarding ability to function in emergency situations	
	Certify compliance regarding ability to function in amergancy situations Descriptive document for Functionality in Emergency Situations	

Page 6 FCC Form 481 (800) Operating Companies OMB Control No. 3060-0986/OMB Control No. 3060-0819 Deta Collection Form July 2018 Study Area Code 249029 <010> <015> Study Area Name American Broadband & Telecommunications <020> Program Year <030> Contact Name - Person USAC should contact regarding this data Jeffrey Anated 4198245810 ext. <035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030> jsetambt.net American Broadband & Telecommunications <810> Reporting Carrier <811> Holding Company Not Applicable <812> Operating Company American Broadband & Telecommunications <813> <83> <a>1>... 92 Affiliates SAC Doing Business As Company or Brand Designation - See attached worksheet --

[[1000]],Volce and Broadband Service Rate Comparability.	Page 8	F			
<010> Study Area Code <015> Study Area Name Assertican Broadband & Telecommunications <020> Program Year <030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030> 4198245810 ext. <039> Contact Email Address - Email Address of person identified in data line <030> jsasaabt.net <1000> Voice services rate comparability certification <1010> Attach detailed description for voice services rate comparability compliance	060,0619	*OMB Control No. 3060-0985/OMB Control No. 3060	And the state of t	lection Form	
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<1010> Attach detailed description for voice services rate comparability compliance			jsa@ambt.net	Contact Email Address - Email Address of person identified in data line <030	<039>
comparability compliance				Voice services rate comparability certification	<1000>
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<1020> Broadband comparability certification				Broadband comparability certification	<1020>
<1030> Attach detailed description for broadband comparability compliance Name of Attached Document		<u> </u>	Name of Attached Document		<1030>

	o Terrestrial Backhaul Reporting lection Form		98 kg 4	-	FCC Form 481 OMB Control No. July 2018	(30,60+09366/OMB)Control!(Ñô)-30,60+081j9.
<010>	Study Area Code	249029				
<015>	Study Area Name	Americ	an Broadband &	Telecommun	ications	
<020>	Program Year	2019				
<030>	Contact Name - Person USAC should contact regarding this data	Jeffre	Ansted			
<035>	Contact Telephone Number - Number of person identified in data line <030>	419824	5810 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	j saeam	bt.net			
<1100>	Certify whether terrestrial backhaul options exist (Y/N)				· .	•
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps				
<1140>	Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.					
					,	

Lifeline	nms and Condition for Lifeline Customers	Prigramboo Bar sa	Materials invalves or 1/2/25	FCG Form 481 (OMB Control No. 3060,0986/QMB Control No. 3060,0819) (UN 2018)
<010>	Study Area Code		249025	
<015>	Study Area Name		American Broadband & Telec	emmunications
<020>	Program Year		2019	
<030>	Contact Name - Person USAC should contact regarding this data		Jeffrey Ansted	
<035>	Contact Telephone Number - Number of person identified in data	line <030>		
<039>	Contact Email Address - Email Address of person identified in data	line <030	> jsaeambt.net	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans			
<1220>	Link to Public Website	НТТР	americanassistance.com	Name of Attached Document
		11111	americanasistance.com	
or the we	neck these boxes below to confirm that the attached document(s), on line bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers managers:	•		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	$\overline{\mathbf{x}}$		
<1222>	Details on the number of minutes provided as part of the plan,	7		
<1223>	Additional charges for toll calls, and rates for each such plan.	1		•

Deta Collecti	Cap Cerries Additional Document stion on Form e of Return Carriers of flitated with Price Cap Local Exchange Carriers	en management	a see as a c	rco rom 481. ONAS Control No. 3066 0886/ ONAS Control No. 3060-0619 UNA 2018
<010> Str	ıdy Area Code	249029		
<015> Stu	dy Area Name	American Broadband & Tel	lecommunications	
	ogram Year	2019		
	ntact Name - Person USAC should contact regarding this data	Jeffrey Ansted 4158245810 ext.		
	ntact Telephone Number - Number of person identified in data line <030> ntact Email Address - Email Address of person identified in data line <030>	isaeambt.net		
to offset	e appropriate responses below (Yes, No, Not Appl access charge reductions, and Connect America P	-	-	
form and	l in the documents attached below is accurate.			
<2015>	> 2016 and future Frozen Support Certification 47 CFR	§ 54.313(c)(4)		
Price Cap	p Carrier Connect America ICC Support {47 CFR §	54.313(d)}		•
<2016>	Certification support used to build broadband			
Connect	America Phase II Reporting (47 CFR § 54.313(e))			
<20 1 7A>	Connect America Fund Phase II recipient?			
<2017C>	Total amount of Phase II support, if any, the price cap capital expenditures in 2017.	carrier used for		
<2018>	Attach the number, names, and addresses of commun	nity anchor	Name of Attached Docume	ent Listing
	institutions to which the carrier newly began providin broadband service in the preceding calendar year - 54	-	Required Information	
:2019>	Recipient certifies that it bid on category one telecom	nunications and		
	Internet access services in response to all FCC Form 4			
	broadband service that meets the connectivity targets			
	libraries universal service support program for eligible			
	libraries located within any area in a census block who			
	receiving Phase II model-based support, and that such			
	reasonably comparable to rates charged to eligible sci			
	urban areas for comparable offerings - 54.313(e)(1)(ii)	(C)		

Deta Collecti	Of Return Carrier/Additional Documentation on Form	(FCC FORM 481) QAMB Control No. 3060 0988/OWE Control No. 3060 0839 UNIV 2018			
<010>	Study Area Code	249029			
<015>	Study Area Name	American Broadband & Telecommunications			
<020>	Program Year	2019			
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted			
<035>	Contact Telephone Number - Number of person identified in data line <030>	4198245810 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net			

CAF BLS Reporting

(3008A)	Please indicate whether new locations were deployed during the prior calendar year.	(Yes/No)
(3008B)	Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.	
(3008B1)	Number of newly built locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.	
(3008B2)	Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.	
(3008C)	Please provide the percentage of deployment across the entire study area.	

(3006) Rate Deta Collect	DP Newsys Carrier Additional Concurrentation Josephine Concurrent	* * **	**************************************	#	PCC Form 461 Ch45 Control No. 3660-0385/CMM Control No. 2049-0515 July 2018
<010>	Study Area Code		249029		
<015>	Study Area Name	American	Broadband	& Telecommunications	
<020>	Program Year	2019			
<030>	Contact Name - Person USAC should contact regarding this d	fata	Jeffrey	Ansted	
<250>	Contact Telephone Number - Number of person identified in	data line <030>	41982458		
<039>	Contact Email Address - Email Address of person identified in	n data line <030>	jsa@amb	t.net	
financial r	m the drop down menu or check the boxes below to reporting requirements set forth in 47 CFR 54.313(f)(below is accurate.				
(3009)	Progress Report on 5 Year Plan Carrier certifies to \$4.313(f)(1)(iii)				
(3010A)	Certification of Public Interest Obligations (47 CFR § 54.313(f)(1)(i))	Name of Ass. 1	ad Danima - + 11	dina Bandara	
(30108) (3012A)	Please Provide Attachment Community Anchor Institutions (47 CFR §	Name of Attache Information	ea pocument Lis	sung Required	
(30128)	54.313(f)(1)(ii)) Please Provide Attachment	Name of Attach	ed Document Lis	ting Required	
(3013)	is your company a Privately Held ROR Carrier (47 CFR	Information (Yes/No)	0	0	
(3014)	§ 54.313(f)(2)) If yes, does your company file the RUS annual report	(Yes/No)	0	0	
(3015) (3016)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows				
(3017)	if the response is yes on line 3014, attach your company's RUS annual report and all required	Name of Attache	ed Document Lis	iting Required	
(3018)	documentation if the response is no on line 3014, is your company audited? if the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	{Yes/N	(o) O	0	
(301 9)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers				
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows				
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line				
(3022)	3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			. 🗀	
(3023)	Underlying information subjected to a review by an independent certified public accountant				
(3024)	Underlying information subjected to an officer certification.				
3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows				
(3026)	Attach the worksheet listing required information	Name of Attache	ed Document Us	ting Required	

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<010>	Study Area Code	249029					······
0 500			A 1800 * 1		(Ally 2018		
	iction Form:				OME Control No. 3000	1986/CAM Centrol No	3060-0619
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<010>	Study Area Code	249029
<015>	Study Area Name	American Broadband & Telecomunications
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	4198245810 ext.
<039>	Contact Email Address - Email Address of person Identified in data line <030>	isa@ambt.net

Financial Data Summary	
•	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(2000) T-1b black to C4(Truck	
(3030) Telephone Plant in Service(TPIS)	
(3031) Total Assets	
•	
(3032) Total Debt	
(3033) Total Equity	
facast torm Educt	
(3034) Dividends	

(400s) Persi Broscherol Experiment Additional Documentation Data California Ferre	PCC Form 461. ONIS CARITY No. 3050-0886/ONIS CARITY No. 3050-0619
	July 2018-

<010>	Study Area Code	24 102 0
<015>	Study Area Name	American Araelband & Telecommunications
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Anaced
<035>	Contact Telephone Number - Number of person identified in data li	ne <030>
<039>	Contact Email Address - Email Address of person identified in data it	ne <030> jesëambt.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas.

Community Anchor Institutions - FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes—attach new community anchors, no—no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

(SOS) Alasta Pien Persicipents Additional Documentation Detail Collection Corts	The Action	FCC Form 483. OMB Control No. 3060-0366/	OMB Control No. 3060-0819	
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<020>	Program Year	3#19
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Anates
<035>	Contact Telephone Number - Number of person identified in data line <030>	ACTIONAL CONT.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jaadembt.net

500S Alaska Plan

(5010) Do you participate in the Alaska plan? (Yes/No)

(5011) Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul.

(Yes/No)

If the filing carrier identified in its approved performance plans that it relies exclusively on satellite backhaul for a certain porition of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previolus calendar year in areas that were previolusly served exclusively by satellite backhaul.

(Yes/No)

i013> [
	Description Of Beckhaul Technology	Deta Seckhaul Available	Nawly Served Locations or Population

	All the second s		

Certificat Data Coli	Con - Reporting Chirther action Form (Construction Construction Cons	CORDO NO. 3060-0396/CMS Cantrol No. 3060-0215
<010>	Study Area Code	249029
<015>	Study Area Name	American Broadband & Telecommunications
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
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<039>	Contact Email Address - Email Address of person identified in data line <030>	isa@ambt.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities recipients; and, to the best of my knowledge, the information repo	ties include ensuring the accuracy of the annual reporting requirements for universal service sup rted on this form and in any attachments is accurate.
Name of Reporting Carrier: American Broadband & Telecomm	unications
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/20/20:
Printed name of Authorized Officer: Jeffrey Ansted	
Title or position of Authorized Officer: President	
Telephone number of Authorized Officer: 4198245810 ext.	
Study Area Code of Reporting Carrier: 249029	Filing Due Date for this form: 07/1/2019

Data Coli	on - Agent / Cariter ection Form and a second sec	PCC Form 441 Office Control No. 3060 Costs / Office Control No. 3060 Office July 2018
<010>	Study Area Code	249029
<015>	Study Area Name	American Broadband & Telecommunications
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	4198245810 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsaeambt.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my agent; and, to the best of my knowledge, the reports and d	is authorized to submit the information reported on behalf of the reporting carri consibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent A	uthorized to File Annual Reports for CAF or LI Recipien	its on Behalf of Reporting Carrier
	ized to submit the annual reports for universal service support re porting carrier; and, to the best of my knowledge, the informatio	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ager	it:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form of	an be punished by fine or forfeiture under the Communications Act of 19 18 of the United States Code, 18 U.S.C. § 1001.	134, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

Attachments

(900) Op Detai Cok	peratting Companies Hection Form	· A supposed of suppose	ত্ৰনু মুক্তিৰ ভাল ^ক ছুল ^ত উ	FCC Form (481) OM8 (Côntrol No. :3060 (0986/05/19 Control No.: 3060 (0819)
<010>	Study Area Code	245029		
<015>	Study Area Name	American Bro	adband & Telecommunic	actions
<020>	Program Year	2019		
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Anst	ed	
<035>	Contact Telephone Number - Number of person identified in data line <	030> 4198245810 e	xt.	
<039>	Contact Email Address - Email Address of person identified in data line <	030> jsa@ambt.net		
<810>	Reporting Carrier American Broadband & Telecommunicati	ons		
<811>	Holding Company Not Applicable			
<812>	Operating Company American Broadband & Telecommunicati	ons		
<813>			, <a2> ,</a2>	<u> </u>
	Affiliates		SAC	Doing Business As Company or Brand Designation
•	NA		**************************************	American Assistance
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Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

249029		143033320
Study Area Code (SAC (An Eligible Telecommunicat	•	Service Provider Identification Number (SPIN) sertification form for each SAC through which it provides Lifeline service).
2019	SC	American Broadband and Telecommunications
Recertification Year	State	ETC Name
N/A		American Broadband and Telecommunications
DBA, Marketing, or Ot		Holding Company Name
(If same as ETC name, list "N		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank) Yes No o
es the reporting compa vide a list of all ETCs that are rmined in accordance with Se	'A" Do not leave blank) The property of the reporting ETC, used to see the communications A communications A	(If same as ETC name, list "N/A" Do not leave blank) Yes No O using page 4 and additional sheets if necessary. Affiliation shall be
es the reporting compa vide a list of all ETCs that are rmined in accordance with So s or controls, is owned or con	'A" Do not leave blank) The property of the reporting ETC, used to see the communications A communications A	(If same as ETC name, list "N/A" Do not leave blank) Yes No O using page 4 and additional sheets if necessary. Affiliation shall be leaved to the contract of the contract o

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 💿

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	·
February	9
March	16
April	18
May	19
June	13
July	6
August	6
September	10
October	9
November	8
December	7
Total Subscribers	123

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study A	Area Code listed
above.	•

	JA	
Initial		

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	JA

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jui	Aug	Sep	Oct	Nov	Dec	Year Total
A.	45	24	13	15	12	12	22	22	10	3	0	0_	178
B.	5	1	3	6	4	3	5	7	7	3	0	0	44
C.	40	23	10	9	8	9	17	15	3	0	. 0	0	134

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	40	23	10	9	8	9	17	_15	3	0	0	0	134

G. Subscribers who failed to recertify through ETC direct outreach attempt

eport the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	10	5	8	8	3	3	0	7	3	0	0	0	47

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	30	18	2	1	5	6	17	8	0	0	0	0	87

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	0	0	0	0	0	0	0

J. Name of third party administrator used to verify subscriber eligibility:

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	0	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	0	0	0	0

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Recertification Method

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

certification for the SAC(s) listed above.							
Initial JA							
Recertification Method: Third Party I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.							
Initial							
No Subscribers I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company pamed above. I am authorized to make this certification for the SAC listed							

Initial _____

above.

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
47	134	35.07%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,			
Jeff Ansted - President	Jeff Ansted - President		
Signature of Officer	Printed Name and Title of Officer		
jsa@ambt.net	Jan 29, 2020		
Email Address of Officer	Date		
Christopher L Stevens	419-824-5823		
Person Completing This Certification Form	Contact Phone Number		

Affiliated ETCs

SAC	Name
	. 10033
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